



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING 15th FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243

PRIVACY PRACTICES OF THE DIVISION OF MENTAL RETARDATION SERVICES

This letter is only for your information.
You do not have to do anything with this letter.

**For Your Protection: THIS NOTICE DESCRIBES HOW HEALTH
INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.
IT ALSO TELLS HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

Facts About Your Health Are Private

A new federal law says that we must keep facts about your health private.
It also says we must give you this notice. This law takes effect on April 14, 2003.

Private Health Information (PHI) means information about your health, your health services, and the kinds of services you receive from the Division of Mental Retardation Services.

Here are the rules that we must follow to keep facts about your health private.
These rules can change. If important changes are made, we will tell you.

Everyone who works with us must agree to follow these rules.

This includes people like the employees of:

- Division of Mental Retardation Services
- Volunteers/Consultants/Court Monitors working with the Division of Mental Retardation Services
- Other Departments of the State of Tennessee
- Contracted Providers

The Facts We Have About You and Your Health

When you applied for services and supports from the Division of Mental Retardation, you reported certain facts. We have facts like your name and where you live. Other information will be facts about your health.

Examples of facts would be:

- Personal information necessary or required for us to serve you.
- Eligibility information to support your request(s) for services.
- Individual Support Plan which describes your services and supports.
- Personal health information necessary or required for us to serve you.
- Notes or records from your doctor, drugstore, hospital or other health care providers.
- Lists of illnesses you now have or have had before.
- Lists of the medicines you take now or have taken before.
- Behavior information if applicable.

How We Use Facts About Your Health

We must share facts about your health to provide services and supports for you.

We share facts about your health so you can get the supports you need.

When you applied for supports from the Division of Mental Retardation Services, you did NOT give your OK for us to share facts about your health with everyone under any circumstances. We will sometimes need your written OK to share the information provided about you.

When we need your OK, we must ask for it on a written form. We call this an **authorization for the release of Protected Health Information form**. You can take back the OK that you give us on that form at any time.

If you want to take back your OK, you must tell us in writing.

If your personal information has already been shared with your permission, the Division of Mental Retardation Services cannot take it back.

The Division of Mental Retardation Services shares facts about you only as the law allows.

We would share facts about you to:

- Make sure that you get the supports you need.
- Get payment to your service providers.
- Monitor your service to be sure that you get quality services.
- Help if anyone's health or safety is in danger.
- Provide information to TennCare.
- Report cases of abuse or neglect.
- Providers of the services you receive through DMRS.

With permission we may also share facts about you with:

- Your family, Guardians, Conservators or others who are involved in your care and supports and have authority or permission to receive such information.

You may ask us not to tell them your information. We will agree if we can.

If you are a minor child or in an emergency, we might not be able to agree.

- Information may be given to a court when the law says we must or are ordered to do so.

If you file an appeal, we may share facts about you.

- Information may be shared with law enforcement officers or for approved legal reasons.
- Information may be shared with Government agencies involved in providing supports for you.
- Information of decedent's PHI may be released to persons such as coroners, medical examiners, funeral directors and organ procurement organizations.

Your Health Information Rights

You have the right to:

\See and get copies of your records.

If you want a copy, you must ask for it in writing.

We may charge a fee for the cost of copying and mailing.

There may be certain facts that you cannot get copied.

If we cannot give you the facts you want, we will send you a letter that tells you why.

\Talk to us about how we share your information.

\Ask us to change health information that is wrong.

You must ask us in writing. You must give us a reason why we need to change it.

We may not be able to agree to the change.

If we cannot make the change, we will send you a letter that tells you why.

\Ask us for a list of who got your health information.

The list will tell you who got your information after April 14, 2003.

You must ask us in writing for a copy.

The law says that we do not have to give you a list when:

- We have your OK to give it out, or
- We use it to help you get health care supports
- We use it to provide supports for you.

\Ask us not to share certain facts about your health.

You must ask us in writing. You must tell us:

- What facts you do not want shared, and
- With whom you do not want us not to share those facts.

There may be some cases when we cannot agree to your request.

If we cannot agree to your request, we will send you a letter that tells you why.

\Take back your OK.

If we ask you to sign an authorization form, you can take it back at any time.

You must do it in writing. This will not change any facts that we have already shared.

\Ask us to contact you in a different way or in a different place.

You must tell us that you would be put in danger if we kept writing or talking to you about your health in the same place. You must ask us in writing.

\Ask for a new notice of our privacy practices.

Requests

You must ask in writing if you want us to:

- Send you copies of your records.
- Change facts about your health that are wrong.
- Send you a list of who got facts about your health.

You must also ask in writing if you want to tell us that:

- You do not want certain facts about your health shared.
- You are taking back your OK to share facts about you.
- You want to be contacted in a different way or in a different place.

Send your written request to this address. Be sure that your name and Social Security number are on your letter. Keep a copy for your records.

Division of Mental Retardation Services, Privacy Office
Andrew Jackson Building, 15th Floor
500 Deaderick Street
Nashville, TN 37243

Questions or Complaints - You will not be punished if you complain or ask for help.

Do you have questions? Do you think that your privacy rights have been violated?

If you have a question or a complaint, you can contact one of these offices.

Division of Mental Retardation Services, Privacy Office
1-800-535-9725
Andrew Jackson Building, 15th Floor
500 Deaderick Street
Nashville, TN 37243

Office of Civil Rights, Medical Privacy, Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201
(866) 627-7748.

The Division of Mental Retardation Services does not allow unfair treatment. No one is to be treated in a different way because of their race, color, birthplace, sex, age, or disability.